
Choosing to Die

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Margaret was 90 years old when she suddenly became irretrievably demented and bedridden. A devout Episcopalian and accomplished poet, she had valued her active and enjoyable life but was unafraid of death. She once wrote:

"It may be spring when death comes by,
Or summer's heat or autumn's flare
Or winter's frost, I do not care.
I've breathed too long this earthly air
I've lived with faith; with faith I'll die."

Hoping to avoid a prolonged death, she had completed a living will with instructions that she not be kept alive with feeding tubes or other extraordinary means. But despite strict compliance with her instructions, she continued to languish another eighteen months. She was fortunate, this lifeless existence could have lasted much longer.

Her friend Greta chose differently. A sprightly and active 89 year old despite persistent painful symptoms, she came to the realization that her exemplary life was at its spiritual end and committed suicide. This decision was discussed thoroughly with her family who asked that they be allowed to take part in her death. They dined together the night before, sharing lighthearted and loving reminiscences. The following day she took a lethal dose of barbiturates prescribed by a compassionate and caring physician and died in her own home in the company of her family.

Suicide was not an option for Margaret partly because her life was physically enjoyable and spiritually fulfilling. She had no desire to end it before her illness and once she became incapacitated she was unable to do so. Supposing, however, she had included advanced directives in her living will instructing her family and physician to help her die in the event of her incapacity. Could they have legally provided such help?

There was a short period of time when helping someone commit suicide was legal in Hawaii. The legislature of the State of Washington had enacted a law making physician assisted suicide a crime. It was challenged in the United States Ninth Circuit Court of Appeals which declared any such statute unconstitutional. This had the effect of making such acts legal in the states of the ninth district. Subsequently, Supreme Court Justice O'Connor issued a stay of that decision making it illegal again.

Even during that window of opportunity, however, the help that Margaret would have needed to die could not have been provided legally. In its decision the court made a distinction between degrees of assistance. Providing a lethal agent to a patient who uses it to commit suicide, as did Greta, was called "physician assisted suicide". Administering the lethal agent to a patient who has left instructions to do so, as would have been necessary in Margaret's instance, was defined as "physician aided dying". Euthanasia was distinguished from both as being "an involuntary act" occurring

without instructions from a terminally ill competent adult. The court excluded both physician aided dying and euthanasia from its decision.

It was a moot point anyway because Margaret considered suicide a violation of the deeply held religious faith by which she lived and died. She was free to make this choice which was consistent with the teachings of most religions which accept the inevitability of death while characterizing suicide as immoral and physician assisted suicide as murder.

But, life expectancy has been extended far beyond what jurists, philosophers and church fathers could have imagined. The laws and religious taboos created by them for more natural times are considered by some as unreasonably limiting for the elderly in this technological age.

Because most Americans are religious and because the fear of death is so ingrained in our culture, suicide will never become a popular way to die. Yet polls suggest that a large segment of our population supports giving competent adults assistance when they are ready to end their lives. They are apparently unconvinced that there is a compelling interest on the part of the government to thwart the desired deaths of those of us who are in the twilight of our lives. Nor are they concerned that this represents a slippery slope leading towards involuntary euthanasia.

Unfortunately, it requires more than a poll to give us this freedom. We need a change in public policy so that the elderly are assumed:

- Protection against overly aggressive medical care.
- Assisted suicide for the terminally ill.
- Assisted dying for those who leave advanced directives defining when they would prefer to die.
- Protection against involuntary euthanasia.

Margaret and Greta had significantly different religious views which made suicide an option for one and not for the other. However, neither of these gentle and understanding humans, would have presumed to judge the other's actions. That degree of tolerance is what is needed now. Those who value life more than dignity and are free to choose how they might die should help their fellow humans who value dignity more than life gain the same freedom.

Editor's Note:

Max Botticelli has been a professional colleague and personal friend for almost three decades. Now that he is retired, he devotes a great deal of his time speaking and writing on Death with Dignity related subjects, and is a very active member of AhQuon McElrath's ad hoc committee. His feature in the Focus section of the *Honolulu Advertiser* on the "High Cost of Dying: Too Much is Spent Delaying the Inevitable" in Section B, Sunday, June 4, 1995 is in today's *jardon "Right On."* Many thanks, my friend.